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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/547,204	08/26/2005	3752	900	SMB-PT155 (PC 04 019 B US	1	7	1

3624  
 VOLPE AND KOENIG, P.C.  
 UNITED PLAZA, SUITE 1600  
 30 SOUTH 17TH STREET  
 PHILADELPHIA, PA 19103

**CONFIRMATION NO. 7991**  
**CORRECTED FILING RECEIPT**



\*OC000000019118815\*

Date Mailed: 06/05/2006

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**Applicant(s)**

Uwe Zoller, Mullheim, GERMANY;

**Assignment For Published Patent Application**

NEOPERL GMBH, MULLHEIM

**Power of Attorney:** The patent practitioners associated with Customer Number 3624.

**Domestic Priority data as claimed by applicant**

This application is a 371 of PCT/EP04/02504 03/11/2004

**Foreign Applications**

GERMANY 103 12 854.9 03/21/2003

If Required, Foreign Filing License Granted: 03/29/2006

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/547,204**

**Projected Publication Date:** 07/06/2006

**Non-Publication Request:** No

**Early Publication Request:** No

**Title**

Sanitary insert unit

**Preliminary Class**

239

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Bib Data Sheet

CONFIRMATION NO. 7991

<b>SERIAL NUMBER</b> 10/547,204	<b>FILING OR 371(c) DATE</b> 08/26/2005 <b>RULE</b>	<b>CLASS</b> 239	<b>GROUP ART UNIT</b> 3752	<b>ATTORNEY DOCKET NO.</b> SMB-PT155 (PC 04 019 B US)	
<b>APPLICANTS</b> Uwe Zoller, Mullheim, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/02504 03/11/2004					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 12 854.9 03/21/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/29/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 3624					
<b>TITLE</b> Sanitary insert unit					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		